

## **CONFIDENTIAL**

### **AREA TRAUMA FACILITY**

### **Designation Performance Improvement Report**

**FACILITY:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Requirement		Resource Criteria		Compliance		
				A	B	C
	<b>FACILITY ORGANIZATION</b>					
<b>E</b>	<b>Resolution</b> Demonstrated institutional commitment / resolution by the hospital Board of Directors and Medical Staff within the last three years to maintain the human and physical resources to optimize trauma patient care provided at the facility.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	<b>Trauma System</b> Participation in the statewide trauma system including participation in Regional Trauma Advisory Committee with support and participation in regional and state trauma performance improvement programs.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	<b>Trauma Service</b> A clinical service recognized in the medical staff structure that has the responsibility for the oversight of the care of the trauma patient. Specific delineation or credentialing of privileges for the medical staff on the Trauma Service must occur.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	<b>Trauma Program</b> There is an identifiable trauma program that has adequate administrative support and defined lines of authority that ensure comprehensive evaluation of all aspects of trauma care.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	<b>Trauma Team</b> A team of care providers is to be identified and have written roles and responsibilities to provide initial evaluation, resuscitation and treatment for all trauma patients meeting trauma system triage criteria. Written trauma system triage criteria must be present and a method to activate the trauma team must exist.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	The trauma team is organized and directed by a general surgeon with demonstrated competence in trauma care who assumes responsibility for coordination of overall care of the trauma patient			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	There are clearly written criteria for trauma team activation that are continuously evaluated by the multidisciplinary trauma committee			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Trauma response criteria for general surgeon activation will be specified. The general surgeon is expected to be present in the ED upon patient arrival for those meeting criteria if given sufficient advance notice or within 30 minutes of notification 80% of the time			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	<b>Trauma Medical Director</b> Physician board-certified or board eligible in Surgery or Emergency Medicine with a special interest in trauma care who leads the multidisciplinary activities of the trauma program. The trauma director should have the authority to affect all aspects of trauma care including oversight of clinical trauma patient care, recommending trauma service privileges, development of treatment protocols, coordinating performance improvement, correcting deficiencies in trauma care, and verification of continuing trauma education.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	The trauma medical director must accrue an average of 16 hours annually or 48 hours in 3 years of verifiable external trauma-related CME or maintain current verification in ATLS.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	<b>Trauma Coordinator</b> A registered nurse working in concert with the trauma director, with responsibility for organization of services and systems necessary for a multidisciplinary approach to care for the injured. Activities include clinical care and oversight, trauma education and prevention, quality/performance improvement, trauma registry, and involvement in community and regional trauma system. There must be dedicated hours for this position.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Trauma Registrar</b>					

#### REQUIREMENT

E - Essential Criteria for designation of this level of trauma center  
D - Desired Criteria are not required for designation but considered desirable

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A - Not Initiated / B - Being Developed / C - Compliant

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<b>E</b>	Identified trauma registrar or trauma coordinator with responsibility for data abstraction, entry into the trauma registry and ability to produce a variety of reports routinely and upon request. There must be sufficient dedicated hours for this position to .to complete the trauma registry for each trauma patient within 60 days of discharge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	The trauma registrar must attend, or have previously attended, within 12 months of hire a national or state trauma registry course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	<b>Trauma Committees</b> <i>Multidisciplinary Trauma Committee</i> functions with a multidisciplinary committee which includes representation from all trauma related services to assess and correct global trauma program process issues. This committee meets regularly, takes attendance, has minutes, and works to correct overall program deficiencies to optimize trauma patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	<i>Trauma Peer Review</i> functions with a multidisciplinary committee of medical disciplines (including the trauma coordinator) involved in caring for trauma patients to perform confidential, protected peer review for issues such as response times, appropriateness and timeliness of care, and evaluation of care priorities. This committee under the auspices of performance improvement meets regularly takes attendance and documents performance improvement evaluation and agreed upon action plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	The trauma medical director ensures dissemination of information and findings from the trauma peer review meetings to the medical providers not attending the meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	<b>Diversion Policy</b> A written policy and procedure to divert patients to another designated trauma care service when the facility's resources are temporarily unavailable for optimal trauma patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	All trauma patients who are diverted to another trauma center, acute care hospital or specialty center must be subjected to performance improvement case review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Prehospital Trauma Care</b>			
<b>E</b>	The trauma program reviews pre-hospital protocols and policies related to care of the injured patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Trauma team activation criteria have been provided to EMS and are readily available to allow for appropriate and timely trauma team activation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	EMS has representation on the multidisciplinary trauma committee or documentation of involvement where perspective and issues are presented and addressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	EMS is provided feedback through the trauma performance improvement program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Inter-Facility Transfer</b>			
<b>E</b>	Inter-facility transfer guidelines and agreements consistent with the scope of the trauma service practice available at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Signed inter-facility transfer agreements in place for transfer of special population trauma patients to a higher level of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Burn Care – Organized</b>			
<b>E</b>	In-house or transfer agreement with Burn Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Acute Spinal Cord Management</b>			
<b>E</b>	In-house or transfer agreement with Regional Trauma Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Pediatrics						
E	In-house or transfer agreement with Regional Trauma Center or Pediatric Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E	Feedback regarding trauma patient transfers shall be provided to the trauma program at the transferring hospital in a timely manner after patient discharge from the receiving hospital. The trauma coordinator at the transferring hospital is encouraged to contact the Regional Trauma Center/Area Trauma Hospital coordinators for verbal feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E	All trauma patients who are transferred during the acute hospitalization to another trauma center, acute care hospital or specialty center must be subjected to performance improvement case review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Trauma System Participation						
E	There is active involvement by the hospital trauma program staff in state/regional trauma system planning, development and operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E	<b>Disaster Preparedness</b> There is a written disaster plan that is updated routinely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E	Active hospital representation on the Local Emergency Planning Committee (LEPC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E	Routine participation in community disaster drills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Comments							
	<b>CLINICAL CAPABILITIES</b>						
	On-call and Promptly Available						
E	General/Trauma Surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
D	Published back-up schedule and dedicated to a single hospital when on call or performance improvement process in place to demonstrate prompt general surgeon availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E	Process in place to assure the on-call general surgeon is notified and responds to the ED within the required time frame for trauma patient resuscitation. The trauma performance improvement process will monitor each surgeon's notification and response times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E	Anesthesia – MD or CRNA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E	The availability of Anesthesia and the absence of delays in airway control and operative anesthesia management must be identified and reviewed to determine reasons for delay, adverse outcomes and opportunities for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
D	Critical Care Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
D	Hand Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
D	Neurologic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
D	Dedicated to one hospital or performance improvement process in place to demonstrate prompt neurosurgeon availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
D	Obstetric/Gynecologic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
D	Ophthalmic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
D	Oral/maxillofacial surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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E	Orthopaedic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
D	Plastic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
D	Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E	Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
D	Urologic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E	Response parameters for consultants addressing time-critical injuries (e.g. epidural hematoma, open fractures, hemodynamically unstable pelvic fractures, etc.) should be determined and monitored. Variances should be documented and reviewed regarding reason for delay, opportunities for improvement and corrective actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Comments							
	<b>CLINICAL QUALIFICATIONS</b>						
	<b>General / Trauma Surgeon</b>						
E	Full, unrestricted general surgery privileges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E <sub>1</sub>	Board-certified or board eligible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E	ATLS course completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E <sub>2</sub>	Trauma Education: 10 hours of trauma-related CME per year on average or demonstrate participation in an internal educational process by the trauma program or remain current in ATLS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E	Attendance of the general surgeons at a minimum of 50% of the trauma peer review committee meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<b>Emergency Medicine</b>						
E <sub>1</sub>	Physicians are board-certified or board eligible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E	Emergency Department covered by medical providers qualified to care for patients with traumatic injuries who can initiate resuscitative measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E <sub>2</sub>	Trauma education for physicians, physician assistant, or nurse practitioner providing Emergency Department coverage: 10 hours of trauma-related CME per year on average or demonstrate participation in an internal educational process by the trauma program or remain current in ATLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E	ATLS course completion unless board certified in emergency medicine.  CALS (Comprehensive Advanced Life Support) Provider certification (WITH completion of CALS Trauma Module) may substitute for ATLS Re-certification for Community & Trauma Receiving Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E	Emergency Department trauma liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E	The emergency department liaison must accrue an average of 16 hours annually or 48 hours in 3 years of verifiable external trauma-related CME.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E	Attendance of an emergency physician representative at a minimum of 50% of the trauma peer review committee meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<b>Anesthesia – MD or CRNA</b>						
E <sub>1</sub>	Board certified or board eligible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E	Anesthesia trauma liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E	Attendance of anesthesia representative at a minimum of 50% of the trauma peer review committee meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<b>Neurologic Surgery</b>						

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<b>D</b>	ATLS course completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D<sub>2</sub></b>	Trauma Education: 10 hours of trauma-related CME per year on average or demonstrate participation in an internal educational process by the trauma program or remain current in or teach ATLS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	Neurosurgical trauma liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	The neurosurgeon liaison must accrue an average of 16 hours annually or 48 hours in 3 years of verifiable external trauma-related CME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	Attendance of a neurosurgery representative at a minimum of 50% multidisciplinary peer review committee meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Orthopaedic Surgery</b>			
<b>E<sub>1</sub></b>	Board certified or board eligible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	ATLS course completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D<sub>2</sub></b>	Trauma Education: 10 hours of trauma-related CME Per year on average or demonstrate participation in an internal educational process by the trauma program or remain current in or teach ATLS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Orthopaedic trauma liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E<sub>2</sub></b>	The orthopaedic surgeon liaison must accrue an average of 16 hours annually or 48 hours in 3 years of verifiable external trauma-related CME.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Attendance of an orthopaedic surgery representative at a minimum of 50% of the trauma peer review committee meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Radiologist</b>			
<b>D</b>	Radiologist trauma liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	Attendance of a radiologist representative at a minimum of 50% of the trauma peer review committee meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>ICU Physician</b>			
<b>D</b>	ICU physician trauma liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	Attendance of an ICU physician representative at a minimum of 50% of the trauma peer review committee meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>FACILITIES RESOURCES / CAPABILITIES</b>			
	<b>Emergency Department</b>			
	<b>Personnel:</b>			
<b>E</b>	Designated physician medical director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Emergency Department coverage by in-house physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	If the in-house emergency medical provider must be temporarily out of the department to cover in-house emergencies, there must be a PI process in place to assure that care of the trauma patient is not adversely affected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Emergency Department staffing shall ensure nursing coverage for immediate care of the trauma patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Nursing personnel to provide continual monitoring of the trauma patient from hospital arrival to disposition to the floor or transfer to another facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Trauma nursing education: 6 hours of trauma-related education annually, trauma-related skill competency or maintenance of TNCC/ATCN or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Nursing personnel to provide continual monitoring of the trauma patient from hospital arrival to disposition to ICU, OR, floor or transfer to another facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Equipment for resuscitation for patients of ALL AGES</b>			
<b>E</b>	Airway control and ventilation equipment including laryngoscope and endotracheal tubes, bag-mask resuscitator and oxygen source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Rescue airway devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Pulse oximetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Suction devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>E</b>	end-tidal CO <sup>2</sup> detector				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Cardiac monitor and defibrillator				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Internal paddles				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Standard IV fluids and administration sets				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Wave form capnography						
<b>E</b>	Large bore intravenous catheters				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Sterile surgical sets for:</b>						
<b>E</b>	Airway control/cricothyrotomy				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Thoracostomy (chest tube insertion)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Central line insertion				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Thoracotomy				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Peritoneal lavage or ability to do FAST ultrasound exams				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	Arterial catheters				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Ultrasound availability				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Drugs necessary for emergency care				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Cervical stabilization collars				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Pelvic stabilization method				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Pediatric equipment appropriately organized with current pediatric length based resuscitation tape				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Intraosseous Insertion Device						
<b>E</b>	Thermal control equipment: Blood and fluids				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Patient				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Resuscitation Room						
<b>E</b>	Rapid infuser system				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Communication with EMS vehicles				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Operating Room</b>						
	<b>Personnel</b>						
<b>E</b>	Adequately staffed and available in a timely fashion 24 hours / day.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Trauma performance improvement will monitor operating room availability and on-call surgical staff response times must be routinely monitored and any case which exceed the institutionally agreed upon response time must be reviewed for reasons for delay and opportunities for improvement				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Age-specific Equipment</b>						
<b>E</b>	Equipment for monitoring and resuscitative				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Thermal control equipment: Blood and fluids				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Patient				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Operating Room						
<b>D</b>	Operating microscope				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	Craniotomy instruments				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	X-ray capability				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Endoscopes, bronchoscopes				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Equipment for long bone and pelvic fixation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Rapid infuser system				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Postanesthetic Recovery Room (ICU is acceptable)</b>						
<b>E</b>	Registered nurses available 24 hours / day				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Age-Specific Equipment</b>						
<b>E</b>	Equipment for monitoring and resuscitation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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E	Pulse oximetry				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Thermal control (blood, fluids and patient)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Intensive or Critical Care Unit for Injured Patients</b>						
E	Registered nurses with 8 hours trauma education annually				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Designated surgical director or surgical co-director				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	ICU service physician in-house 24 hours / day				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Trauma surgeon remains in charge of the multiple trauma patient in the ICU						
	<b>Age-specific Equipment</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Equipment for monitoring and resuscitation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Intracranial pressure monitoring equipment				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Pulmonary artery monitoring equipment				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Thermal control (blood, fluids and patient)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Respiratory Therapy Services</b>						
D	Available in-house 24 hours / day				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	On-call 24 hours / day				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Radiological Services (Available 24 hours / day)</b>						
E	In-house radiology technologist				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Radiologists are promptly available for interpretation of radiographs, CT scans, performance of complex imaging studies and interventional procedures.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Radiologist diagnostic information is communicated in a written form in a timely manner				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Final radiology reports accurately reflect communications, including changes between preliminary and final interpretations.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Angiography				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Ultrasound				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Computed Tomography				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	In-house CT technologist				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	CT technologist available in-house or on-call 24 hours / day				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Magnetic Resonance Imaging				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Must routinely monitor on-call radiology, CT and MRI technologist institutionally agreed upon response times and review for reasons for delay and opportunities for improvement.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Clinical Laboratory Service</b>						
D	In-house laboratory technician				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Laboratory technician available in-house or on-call 24 hours / day				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Must routinely monitor on-call technician institutionally agreed upon response time and must be reviewed for reasons for delay and opportunities for improvement				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Standard analysis of blood, urine, and other body fluids, including microsampling				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Blood typing and cross-matching				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Coagulation Studies				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	The blood bank has an adequate supply of packed red blood cells, fresh frozen plasma, platelets, and cryoprecipitate or coagulation factors to meet the needs of the injured patient.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Massive Transfusion Policy (clinical and laboratory)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Process of care for rapid reversal of anticoagulation						
E	Blood gases and pH determinations				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Microbiology				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Drug and alcohol screening				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Rehabilitation Services</b>						

REQUIREMENT

E - Essential Criteria for designation of this level of trauma center  
D - Desired Criteria are not required for designation but considered desirable

COMPLIANCE:

A - Not Initiated / B - Being Developed / C - Compliant

Requirement		Resource Criteria			Compliance		
					A	B	C
<b>E</b>	Physical Therapy				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	Occupational Therapy				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	Speech Therapy				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Social Services				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Performance Improvement</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	The trauma program has adequate administrative support and defined lines of authority that ensure comprehensive evaluation of all aspects of trauma care.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	There is a clearly defined performance improvement program for the trauma patient population				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	There is a process to identify the trauma patient population for performance improvement review.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Active and timely participation in the State Trauma Registry				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	All trauma deaths are reviewed with analysis done to identify opportunities for improvement				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	There is a process where clinical care issues are discussed in confidential, protected trauma care peer review with analysis at regular intervals to meet the needs of the trauma program				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	There is a process where operational issues are discussed in the multidisciplinary trauma committee for analysis at regular intervals to meet the needs of the trauma program				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	The results of issue analysis will define corrective action strategies or plans that are documented.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	The results or effectiveness of the corrective action plans/strategies are documented				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Review of prehospital trauma care is included in the trauma performance improvement program.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Programs that admit more than 10% of trauma patients to nonsurgical services should be subject to individual case review to determine rationale for admission onto a non-surgical service, adverse outcomes and opportunities for improvement.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Neurotrauma care should be routinely evaluated as to compliance with the Brain Trauma Foundation Guidelines				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	All transfers of trauma patients to a higher level of care within the hospital must be routinely monitored and identified cases reviewed to determine rationale for transfer, adverse outcomes and opportunities for improvement				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	The trauma program will participate in benchmarking with other facilities of the same designation level to identify how the trauma center performs compared to others				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>CONTINUING EDUCATION/OUTREACH</b>						
	Clinical trauma education provided by hospital for:						
<b>D</b>	Physicians, physician assistants & nurse practitioners				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Nurses				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Allied health personnel				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Prehospital personnel				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>PREVENTION</b>						
<b>E</b>	The trauma center participates in injury prevention				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	Designated injury prevention coordinator				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Identified injury prevention spokesperson which could be the trauma coordinator or designee				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	Injury prevention priorities are based on local/state data				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	Collaboration with existing national, regional and state programs				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	Monitor progress / effect of prevention program				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	There is a mechanism to identify trauma patients with alcohol and drug misuse issues				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	The trauma center has the capability to provide intervention or referral for trauma patients identified with alcohol and drug misuse issues				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REQUIREMENT  
E - Essential Criteria for designation of this level of trauma center  
D - Desired Criteria are not required for designation but considered desirable

COMPLIANCE:  
A - Not Initiated / B - Being Developed / C - Compliant



**Comments**

REQUIREMENT

E - Essential Criteria for designation of this level of trauma center  
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**STRENGTHS**

**WEAKNESSES**

**RECOMMENDATIONS**

**DESIGNATION RECOMMENDATION**

The reviewers have determined the facility **does /does not** meet the Montana Trauma Facility Resource Criteria to become an Area Trauma Facility at the current time.

We recommend that the facility **be / not be** designated as an Area Montana Trauma Center.

We advise the following:

REVIEWERS: \_\_\_\_\_

REQUIREMENT

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